

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: The Rural Health Network Development Planning Performance Improvement and Measurement System Database, OMB No. 0915–0384—Revision.

Abstract: The purpose of the Rural Health Network Development Planning Program (Network Planning Program) is to promote the planning and development of integrated health care networks to address the following legislative aims: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes; and (iii) strengthen the rural health care system as a whole. This program supports 1 year of planning and brings together key parts of a rural health care delivery system, particularly those entities that may not have collaborated in the past, to establish and/or improve local capacity in order

to strengthen rural community health interventions and enhance care coordination. HRSA collects information from the Network Planning Program award recipients using approved performance measures. HRSA seeks to revise its approved information collection by increasing the total estimated annual burden hours, due to an increase in the number of program award recipients.

Need and Proposed Use of the Information: Performance measures for the Network Planning Program serve the purpose of quantifying awardee-level data that conveys the successes and challenges associated with the grant award. These measures and aggregate data substantiate and inform the focus and objectives of the grant program. The approved measures encompass the following principal topic areas: network infrastructure, network collaboration, sustainability, and network assessment. The total estimated annual burden is increasing by 2 hours from the previously approved collection, due to

an increase in the number of award recipients from 21 to 23.

Likely Respondents: The respondents for these measures are Rural Health Network Development Planning Program award recipients.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Rural Health Network Development Planning Program Performance Improvement Measurement System	23	1	23	1	23
Total	23	23	23

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2022–26847 Filed 12–8–22; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Rural Public Health Workforce Training Network Program Data Collection—OMB No. 0915–xxxx–NEW

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the

public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than February 7, 2023.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 14N39, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call Samantha Miller, the HRSA Information Collection Clearance Officer at (301) 594–4394.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: Rural Public Health Workforce Training Network (RPHWTN) Program Data Collection—OMB No. 0915–xxxx–NEW.

Abstract: The RPHWTN program is authorized by Section 330A(f) of the Public Health Service Act (42 U.S.C.

254c(f)). Furthermore, section 2501 of the American Rescue Plan Act of 2021 (ARP, Pub. L. 117–2) provides funding for the Department of Health and Human Services to carry out activities related to expanding and sustaining a public health workforce, including to respond to COVID–19.

The RPHWTN program, which is managed by the Federal Office of Rural Health Policy at HRSA, intends to expand public health capacity by supporting health care job development, training, and placement in rural communities. This grant program intends to address the ongoing critical need for trained public health professionals in health care facilities serving rural communities by establishing networks that will develop formal training/certification programs. The long-term objective of this program is to enhance clinical and operational capacity to adequately address population health needs of rural communities negatively impacted by COVID–19, including long COVID–19. The HRSA Office of Planning, Analysis, and Evaluation will work with the Federal Office of Rural Health Policy to design and distribute surveys to RPHWTN grantees and trainees, which will serve as program data collection tools. Grantees will establish networks that support health care job development, training, and placement in rural communities. Trainees are individuals participating in the training programs made possible through the RPHWTN-supported networks established by program grantees.

To accomplish RPHWTN program goals, HRSA would like to collect the following type of information from respondents:

- *From grantees:* training content, count of trainings and attendees, specific strategies in supporting patients with long COVID–19 and behavioral

health needs, and trainee retention/ completion.

- *From trainees:* limited demographic information (age, ZIP code, race, and ethnicity), skills needed to fulfill roles in specific tracks selected, skill assessment, professional and/or educational experience, and career goals/intentions.

Need and Proposed Use of the Information: Per OMB memo M–21–20, the ARP provides funding for critical resources to respond to the public health crisis the nation faces resulting from the COVID–19 pandemic. The memo emphasizes the need for a swift government-wide response, underscoring the need to ensure the public’s trust in how the Federal Government implements ARP programs and distributes ARP funding. Accountability and transparency of Federal Government spending and achieving results are necessary for effective stewardship of these funds. To this end, Federal awarding agencies must collect recipient performance reports in a manner that enables the Federal Government to articulate the outcomes of Federal financial assistance to the American people. HRSA seeks to collect performance information that measures progress in achieving program goals and objectives, ensures payment integrity, and demonstrates equity-oriented results—all while minimizing the reporting burden to Federal financial assistance recipients.

Data from grantees is necessary for understanding programmatic activities supported by this HRSA investment, providing program monitoring and oversight, assessing the sustainability of program-supported activities, and ultimately affording HRSA the insights and ability to make specific, evidence-informed policy and program recommendations moving forward. To successfully accomplish the goals of this

program in supporting job development and training, it is also crucial that HRSA receives a clear understanding of trainees’ existing and needed skillsets, their reception to/feedback about the trainings they receive, and a sense of their potential career trajectories as they pertain to the workforce training tracks specified by HRSA in the program Notice of Funding Opportunity (HRSA–22–117).

There are several consequences of the Federal Government not collecting the data for the RPHWTN program as described herein. These include: (1) the inability to monitor grant activities and therefore inability to ensure sufficient oversight of and accountability for this HRSA investment, (2) a lost opportunity to better understand the workforce capacity-building needs of the rural communities that HRSA serves, and (3) a failure to gather key information that could ultimately lead to more evidence-informed policy and program recommendations in the future.

Likely Respondents: Respondents of these surveys will be RPHWTN grantees and trainees.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing, and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Grantee Surveys	32	4	128	0.25	32
Trainee Surveys	500	4	2,000	0.25	500
Total	532	2,128	532

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency’s functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2022–26846 Filed 12–8–22; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Drug Abuse; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute on Drug Abuse Special Emphasis Panel; Avenir Award Program for Genetics or Epigenetics of Substance Use Disorders.

Date: February 15, 2023.

Time: 10:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, National Institute on Drug Abuse, 301 North Stonestreet Avenue, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Ipolia R Ramadan, Ph.D., Scientific Review Officer, Scientific Review Branch, Division of Extramural Research, National Institute on Drug Abuse, NIH, 301 North Stonestreet Avenue, MSC 6021, Bethesda, MD 20892, (301) 827–4471, ramadanir@mail.nih.gov.

Name of Committee: National Institute on Drug Abuse Special Emphasis Panel; Avenir Award Program for Genetics or Epigenetics of Substance Use Disorders.

Date: February 17, 2023.

Time: 10:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, National Institute on Drug Abuse, 301 North Stonestreet Avenue, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Ipolia R Ramadan, Ph.D., Scientific Review Officer, Scientific Review Branch, Division of Extramural Research, National Institute on Drug Abuse, NIH, 301 North Stonestreet Avenue, MSC 6021, Bethesda, MD 20892, (301) 827–4471, ramadanir@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.277, Drug Abuse Scientist Development Award for Clinicians, Scientist Development Awards, and Research Scientist

Awards; 93.278, Drug Abuse National Research Service Awards for Research Training; 93.279, Drug Abuse and Addiction Research Programs, National Institutes of Health, HHS)

Dated: December 6, 2022.

Tyeshia M. Roberson-Curtis,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2022–26832 Filed 12–8–22; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Center for Complementary & Integrative Health; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Advisory Council for Complementary and Integrative Health.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

The meeting will be open to the public as indicated below and held as a virtual meeting. Individuals who plan to view the virtual meeting and need special assistance or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting. The open session can be accessed at the following NIH Videocast URL link <https://videocast.nih.gov>.

Name of Committee: National Advisory Council for Complementary and Integrative Health.

Date: January 20, 2023.

Closed: 10:00 a.m. to 11:30 a.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Democracy 2, 6707 Democracy Boulevard, Bethesda, MD 20817, (Virtual Meeting).

Open: 11:40 a.m. to 5:00 p.m.

Agenda: A report from the Director of the Center and Other Staff.

Place: National Institutes of Health, Democracy 2, 6707 Democracy Boulevard, Bethesda, MD 20817, (Virtual Meeting).

Contact Person: Martina Schmidt, Ph.D., Director, Division of Extramural Activities, National Center for Complementary & Integrative Health, NIH, 6707 Democracy Blvd., Suite 401, Bethesda, MD 20892, (301) 594–3456, schmidma@mail.nih.gov.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person. Any member of the public may submit written comments no later than 15 days after the meeting.

Information is also available on the Institute's/Center's home page: <https://www.nccih.nih.gov/news/events/advisory-council-83rd-meeting>, where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.213, Research and Training in Complementary and Alternative Medicine, National Institutes of Health, HHS)

Dated: December 6, 2022.

Tyeshia M. Roberson-Curtis,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2022–26833 Filed 12–8–22; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Docket ID: FEMA–0022–0047; OMB No. 1660–0118]

Agency Information Collection Activities: Proposed Collection; Comment Request; Homeland Security Exercise and Evaluation Program (HSEEP) Documentation

AGENCY: Federal Emergency Management Agency, Department of Homeland Security.

ACTION: 60-Day notice of revision and request for comments.

SUMMARY: The Federal Emergency Management Agency (FEMA), as part of its continuing effort to reduce paperwork and respondent burden, invites the general public to take this opportunity to comment on an extension, with change, of a currently approved information collection. In accordance with the Paperwork Reduction Act of 1995, this notice seeks comments concerning the After Action Report/Improvement Plans, Integrated Preparedness Plans, and Support Request Forms to the National Exercise Program which are used to validate current preparedness capabilities and support future national exercise efforts.

DATES: Comments must be submitted on or before February 7, 2023.

ADDRESSES: To avoid duplicate submissions to the docket, please submit comments at